

1059 U.S. PTO
08/28/01

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Approved for use through 10/31/2002. OMB 0651-0032
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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. R2184.0119/P119

First Inventor Yuji Takahashi

Title IMAGE DATA CORRECTING DEVICE, etc.

Express Mail Label No. 

APPLICATION ELEMENTS		ADDRESS TO:		
See MPEP chapter 600 concerning utility patent application contents.				
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 61] <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure		Box Patent Application Commissioner for Patents Washington, DC 20231		
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 19] 5. Oath or Declaration [Total Pages 5]		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on i. <input type="checkbox"/> CD-ROM or CD-R (2 copies), or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies		
ACCOMPANYING APPLICATIONS PARTS				
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3 73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other. <input type="checkbox"/> Claim for Priority				
6. <input type="checkbox"/> Application Data Sheet See 37 CFR 1.76				
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76 <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____				
Prior application information: Examiner _____ Group / Art Unit: _____				
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.				
19. CORRESPONDENCE ADDRESS				
<input type="checkbox"/> Customer Number or Bar Code Label		<input type="checkbox"/> Correspondence address below		
Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Mark J. Thronson			
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Name (Print/Type)	Mark J. Thronson		Registration No. (Attorney/Agent)	33,082
Signature			Date	August 28, 2001

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 750.00)

Complete if Known

Application Number	Not Yet Assigned
Filing Date	Herewith
First Named Inventor	Yuji Takahashi
Examiner Name	Not Yet Assigned
Group Art Unit	N/A
Attorney Docket No.	R2184.0119/P119

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 04-1073

Deposit Account Name

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed

Check Credit Card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee Description	Fee Paid
101	710	201 355 Utility filing fee	710.00
106	320	206 160 Design filing fee	
107	490	207 245 Plant filing fee	
108	710	208 355 Reissue filing fee	
114	150	214 75 Provisional filing fee	
SUBTOTAL (1) (\$)		710.00	
2. EXTRA CLAIM FEES		Extra Claims	Fee from below
Total Claims	11	-20** =	<input type="text"/> X <input type="text"/> = 0.00
Independent Claims	3	-3** =	<input type="text"/> X <input type="text"/> = 0.00
Multiple Dependent			<input type="text"/>
Large Entity		Small Entity	
Fee Code	Fee Code	Fee Description	
103	18	203 9 Claims in excess of 20	
102	80	202 40 Independent claims in excess of 3	
104	270	204 135 Multiple dependent claim, if not paid	
109	80	209 40 ** Reissue independent claims over original patent	
110	18	210 9 ** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			
** or number previously paid, if greater. For Reissues, see above			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)	40.00

Complete (if applicable)

Name (print/type)	Mark J. Thronson	Registration No (Attorney/Agent)	33,082	Telephone	(202) 775-4742
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